11-21-05NOV 1 9 2005 PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 820 Filing Date TRANSMITTAL 2003 First Named Inventor **FORM** Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** Request for Refund **Express Abandonment Request** CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Date Reg. No. 200

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n Re Application of: PRATHER ET AL.

Attorney Docket No. MW015

Application Number: 10/645,820

Examiner:

B. Swenson

Filed:

August 18, 2003

Art Unit:

3618

For:

ENHANCED SHOPPING CART WITH LOWERED CENTER

OF GRAVITY AND FRAME THEREFOR

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.10

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Respectfully submitted on behalf of applicants,

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suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **TRANSMITTAL** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60,00

Complete If Known								
Application Number	10/645,870							
Filing Date	AUGUST 18, 2005							
First Named Inventor	PRATHER							
Examiner Name	Swowson							
Art Unit	3618							
Attorney Docket No.	MW DIS							

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METHOD OF PAYMEN	T (check al	I that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.								
FEE CALCULATION								
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Utility	300	150	500	Fee (\$) 250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specifi	Extra She	/ 50 = 30 fee (no smal	er of each	additional 50 o round up to a v	or fraction the		Fees Paid (\$) Fees Paid (\$)	
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SUBMITTED BY	101				
Signature	10000 B. C	WIS	Registration No. 29 227 (Attorney/Agent)	Telephone 3/0	1.4650500
Name (Print/Type)	TOUTON P.	ewis		Date ///	19/05

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